### Thure Brandt's Method as an Aid to the Diagnosis of Salpingitis.

Winauer's article on this subject (*Centralblatt für Gynäkologie*, December 29, 1888) is quite suggestive, although his observations were unfortunately not confirmed by laparotomy or autopsy. Referring to the difficulty which is experienced in distinguishing at the examining table a dilated tube when buried in a mass of exudation, he calls attention to the ease with which the diseased tube or ovary may be mapped out after the adhesions have been stretched by a course of pelvic massage, according to the method practised by Brandt. In four patients who were thus treated (the *séances* varying from four to sixteen) the obscure mass felt at the first examination was so cleared up that it was possible to trace the enlarged tube throughout its extent, and to define its relation to the cornu uteri. After prolonged treatment the abdominal wall became relaxed, the adhesions distensible, and the original tenderness so much diminished that it was possible to make a perfectly satisfactory diagnosis without administering an anæsthetic. Of course, the presence of subacute inflammation is a contra-indication to pelvic massage, although it is not always so regarded.

Brandt is credited by Theilhaber (*Münchener med. Wochenschrift*, 1888, No. 28) with venturing to attempt the emptying of a distended tube into the uterus by "rolling it gently between the fingers of both hands," a manœuvre which it is admitted often causes an "escape of secretion into the peritoneal cavity, which readily gives rise to transient symptoms of peritonitis"(!).

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### Hysterorrhaphy.

Leopold reported at a recent meeting of the Dresden Gynecological Society (*Centralblatt für Gynäkologie*, March 10, 1889) nine cases of ventro-fixation of the uterus, some of which were successful at the expiration of two years. He advises the operation only in exceptional cases, where the ordinary treatment (including the practice of Schultze's method) was unsuccessful. He introduces several silk sutures through the entire thickness of the abdominal wall, and to the depth of three millimetres into the muscular tissue of the fundus uteri, and removes them at the end of fourteen or sixteen days.

In the discussion following Bode objected to the performance of laparotomy for the correction of the displacement alone. He had in many instances succeeded in loosening the adhesions by Schultze's method. In cases of retroflexion with fixation, in which he had performed laparotomy for other reasons, he was accustomed to separate the adhesions and, after anteverting the uterus, to retain it in its normal position by shortening the round ligaments. He had performed hysterorrhaphy three times, but the patients all had more pain than after an ordinary laparotomy, and in every instance developed mural abscesses at the site of the uterine sutures.

Schramm preferred Thure Brandt's method, but did not think that the adherent uterus could always be detached by pelvic massage. He had performed ventro-fixation in six cases with good results; the uterus remained permanently in a position of anteversion, although the patients were subject to constant physical strain.

Leopold, in conclusion, agreed that Schultze's method was useful in many cases, but not in those which he had selected for operation. When both the uterus and adnexa were firmly adherent it was rarely successful. He did not believe that the shortened round ligaments would sustain the uterus permanently, as they would stretch in time.

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### Salpingotomy for Hæmatosalpinx due to Atresia of the Vagina.

Fuld (*Archiv für Gynäkologie*, Bd. xxxiv. 2d part, 1889) in an elaborate article, based upon a successful case of laparotomy for the relief of this condition, analyzes sixty-five cases, forty-eight of which terminated fatally. Thirty-nine patients were operated upon, seventeen being cured. Among the different methods of treatment Kaltenbach recommends puncture per vaginam, especially when rupture seems imminent, several cases having been thus treated with success. Hausmann approves of puncture through the abdominal wall, but no successful cases have been recorded; the same is true of puncture per rectum as practised by Brown. Removal of the hæmatosalpinx is most popular, Schröder having performed the first operation. Breisky and most other surgeons advise emptying the uterus before resorting to laparotomy. The author agrees with them, and recommends that, if the tubal sac does not become smaller as soon as the hæmatometra has been evacuated, the abdomen should be opened. Laparotomy should also be performed promptly if the sac disappears suddenly after emptying the uterus (provided that there is not a characteristic discharge of inspissated blood from the tube), as it is probable that the tube has burst and that its contents have escaped into the peritoneal cavity.

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### A Contribution to the Literature of Massage of the Uterus and Adnexa.

Koplik (*Amer. Journ. of Obstetrics*, February, 1889) contributes an interesting paper on this subject, in which he presents in a very condensed form, his experience with Brandt's method of pelvic massage, and calls attention to the dangers incurred. These are: Hemorrhage, rupture of bands, expression of pus from the tube into the peritoneal cavity, and rupture of small follicular cysts of the ovary or encapsulated collections of pus. A case is cited in which hæmatoma followed a *séance*. Sudden pain during massage of the ovaries, which disappears after a few days, is probably due to rupture of a peripheral cyst. There is always more or less risk in manipulating the tubes, even when they are not apparently diseased; so that it is better not to massage them.

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### Suppurative Disease of the Uterine Appendages.

Boldt (*Ibid.*, March, 1889) is more conservative in his views than most of the recent writers on this subject. He divides cases of tubal disease into three classes—those in which operative interference is unjustifiable, those in which the patient should be kept under constant palliative treatment, and a third, in which an operation should be performed without delay. Pyosalpinx is a condition calling for prompt interference, since the patient is always in imminent danger of rupture; hydro- and hæmatosalpinx should also be removed,